

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039754

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149
FILED NOV 7 1963

Primary Registration District No.

1002

Registrar's No.

5774

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New Jersey COUNTY Berger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Tenafly	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		d. STREET ADDRESS (If outside, give location) 122 Palmer Avenue	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle R. Last ANDERSON		4. DATE OF DEATH Month Oct. Day 24 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-4-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner-Frederick H. Rhodes Partnership		10b. KIND OF BUSINESS OR INDUSTRY Kansas City, Mo.	9. AGE (last birthday) 63
11a. FATHER'S NAME Claus Anderson		11b. MOTHER'S MAIDEN NAME Mathilda Larson	11. BIRTHPLACE (City and state or country) U. S. A.
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO. Mrs. Mildred B. Anderson Tenafly, N. J.	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Recent Acute Myocardial Infarction		2 wks.	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:25 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 9, 1963 to Oct 24, 1963 and last saw her alive on Oct 23, 1963 Death occurred at 7 25/A m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Edw. H. Fischer M.D.	
22b. ADDRESS 506 E 21st North Kansas City		22c. DATE SIGNED 10-24-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-26-63	23c. NAME OF CEMETERY OR CREMATORY Forest Hill	
23d. LOCATION (City, town, or county) Kansas City, Mo.		24. FUNERAL DIRECTOR Freeman Mortuary ADDRESS Kansas City, Mo.	
25. DATE RECD. BY LOCAL REG. 10-25-63		26. REGISTRAR'S SIGNATURE Bessie Smith	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Edw. H. Fischer

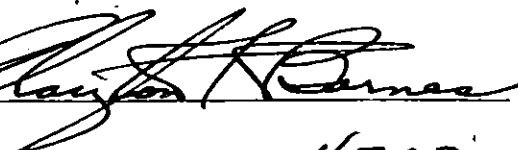
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4793

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.